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# *A Guide to Emergency Planning in Residential Programs*





Ministry of      Ministère des  
Community and      Services sociaux  
Social Services      et communautaires

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**MEMORANDUM TO:** All Holders of Guide to Emergency  
Planning in Residential Programs

**DATE:** February 1, 1988

**RE:** EMERGENCY PLANNING IN RESIDENTIAL PROGRAMS

The following Guide to Emergency Planning in Residential Programs, originally distributed in 1986, has now been reprinted with no change to its original content. This is in response to an increasing number of requests to the Ministry for assistance in helping administrators of residential programs, with the task of preparing and/or updating Emergency Plans.

The introduction to the Guide contains the Ministry guidelines for Emergency Planning in Residential Programs. These guidelines must be adhered to in all Residential Programs run directly by the Ministry. In addition, all residential programs operating under legislation, administered by the Ministry are encouraged to develop emergency plans that follow the guidelines. The balance of the Guide expands on the various stages of developing emergency plans.

In order to keep manuals accurate, current and helpful to the user, it is important to obtain your comments or suggestions. If you have comments or suggestions which you think should be considered in future revisions, please send them to the following address:

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## **INTRODUCTION**

- o A Guide to Emergency Planning in Residential Programs
- o The Ministry Guidelines for Emergency Planning in Residential Programs
- o The Human Factor in Emergency Planning



## INTRODUCTION

### A Guide to Emergency Planning in Residential Programs

The Ministry of Community and Social Services Guidelines for Emergency Planning in Residential Programs provide basic requirements for planning for emergencies. This Guide to Emergency Planning in Residential Programs has been prepared to further expand on the Ministry guidelines. The guide attempts to assist Administrators of Residential Programs who have no emergency plan or those who have an emergency plan which needs to be reviewed or updated. This document is only a general guide. The detail required in any specific facility plan will depend upon the facility's geographical location and the availability of community resources.

### Ministry Guidelines for Emergency Planning in Residential Programs

The news media constantly remind us of natural and man-made disasters and although we continually hope they don't strike at our door, we must be prepared to take appropriate action if an emergency does occur. The Ministry Guidelines for Emergency Planning in Residential Programs have been prepared to assist with Emergency Social Services (ESS) planning in Residential Programs. The guidelines must be adhered to in all Residential Programs run directly by the Ministry. In addition, all Residential Programs operating under legislation administered by the Ministry are encouraged to develop ESS plans following these guidelines.

For the purpose of these guidelines, a Residential Program is defined as that which has a bed capacity of 11 or more, is regulated and/or operated directly by the Ministry, and receives a direct or indirect subsidy for operation and maintenance from the Ministry. The guidelines follow.

- o All Residential Programs with 11 beds or more should have a plan.
- o All Residential Programs are encouraged to develop a plan within these Ministry Guidelines or as required by the Regional Director.
- o Each Residential Program administrator should provide separate plans for the four contingencies (sections): Evacuation, Relocation, Survival/Isolation and Reception.
- o The plan should include a visual representation of the facility and surrounding area. Additionally, it is recommended that the four contingencies of the plan be distinguished by color coding as follows:

Evacuation	-	Reds
Survival/Isolation	-	Yellows
Relocation	-	Greens
Reception	-	Blues

- o The plan should deal with two different phases of emergencies. The first is short-term (onset to 24 hours) and the second is long-term (more than 24 hours).
- o The plan should be accessible and known to all staff. The administrator must provide staff training to ensure working knowledge of the plan by the staff.
- o All units within the Residential Program should have a plan which is co-ordinated with all other units to ensure proper execution of the plan.
- o All resources and agencies outside the Residential Program with involvement in the plan should have some written confirmation of the plan, e.g., a memorandum of understanding. These should be included in appendices along with all other aspects of the plan which are subject to change.
- o Each plan should include provision for communication in the event of a telephone failure.
- o The plan should describe the nature of the linkage with the municipal plan, e.g., police, ambulance, fire, adjacent properties, medical officer of health, etc.
- o A transportable resident file system should be maintained. Methods for the preservation of essential records should also be outlined in the plan and an individual resident identification system developed which includes the name of the residents, e.g., tag, arm band, bracelet, etc.
- o If possible a person should be designated to look after the transportation and preservation of records including daily log attendance.
- o The transportable resident file system should include the following minimum information:
  - Name;
  - Age;
  - Medications/Medical Cautions;
  - Special diets;
  - Family/Friend contact (name, address, telephone number);
  - Unique characteristics about the resident, if applicable, i.e., physical mobility, security, language.

- o The emergency plan should be tested for the purposes of staff training and updating as follows:
  - The overall plan should be tested within six months of development.
  - The reception and evaluation plans should be tested every two years.
  - The isolation and relocation plans should be reviewed and updated every two years.
- o Each plan should include a mechanism for reviewing the overall plan twice annually.

### The Human Factor in Emergency Planning

Systematic research in the last few decades has brought substantial information about human and group behaviour in disasters. Perhaps the most important conclusion from research deals with the order, regularity and predictability of individual and group behaviour during disasters. Every individual and every situation is unique. Nonetheless, there are common elements. From the various research findings and observations on disaster preparedness, two important themes emerge that community emergency planning officials should note.

Firstly, studies consistently show that societal, community, and organizational emergency planning usually assumes that people will adjust to the planning. Planning is undertaken with the idea that potential or actual disaster victims will behave in the manner specified in emergency plans. It might seem logical that people should follow plans, but this assumption is usually unrealistic. Most emergency planning is done from the viewpoint and for the convenience of the agencies or organizations producing the plans. Plans typically require people to deviate from their normal, everyday behaviour. Realistic emergency planning requires plans to be adjusted to people. Effective emergency planning should incorporate normal behaviour and typical stress responses.

A second major theme from research studies suggests that it is a mistake to equate emergency planning with the production of written plans. Too often a written plan is considered the heart of emergency planning. However, written plans are only one part of successful preparation for an emergency. At times, the plan itself may be the least important part of the whole planning process. Planning involves thinking about possible problems. It involves meetings and inter-organizational contact and communication. It involves training exercises. It includes assessing risks and creating linkages among relevant groups. It involves creating certain kinds of social climates or attitudes. Emergency planning should be thought of as a process and not solely the production of a product -- a written plan. People may be misled into thinking they are prepared for an emergency situation because an official paper exists. Preparedness planning is most effective when officials view the planning activities as continuing process. Planning (not merely plans) needs to be constantly updated and revised as circumstances change.

Any assistance provided or contributed in response to an emergency by outside sources or official groups can only be useful if it is based on a correct view of what occurs during the emergency period. If the assumption is wrong, the aid may be misdirected, unnecessary, inappropriate or may duplicate what is otherwise available.

In general, there is a strong tendency to believe that human beings and local groups do not withstand the impact of a sudden emergency very well. It is often thought that victims are overwhelmingly bewildered, stunned, resourceless, and dependent, and respond by passively waiting for help and assistance. Except in truly catastrophic disasters, this is seldom the condition of survivors. Victims are not psychologically incapacitated by the shock of a disaster. They continue to struggle with conditions presented by their environment as they did before the disaster and do not need to be motivated to engage in adjustive behaviour. Research indicates that disaster victims will continue to attempt to cope with their disaster environment in the same way they did with their pre-impact environment, and they will use whatever resources are available. Even in catastrophic situations, there is not the often assumed panic and breakdown of the social order.

## **SECTION I**

### **PRELIMINARY CONSIDERATIONS**

- 1.0      Overview**
- 1.1      Evacuation**
- 1.2      Relocation**
- 1.3.     Isolation**
- 1.4.     Reception**
- 1.5.     Emergency Food Service**
- 1.6.     Hygiene and Sanitation**
- 1.7.     General Concerns**



## 1.0. Preliminary Considerations Overview

Disasters of any size or kind may originate internally or externally. Your emergency plan should be sufficiently flexible to adapt to any situation, but before developing a plan, consider the following.

Causes for disruption to normal services may include:

- fire
- flood
- gas leak
- bomb threats
- food poisoning
- loss of communication
- loss of electrical power
- strike by staff or outside supporting agencies
- water shortage/contamination
- housing of additional people
- national emergency
- architectural damage
- air contamination
- abnormal behaviour - threatening use of guns, etc.
- winter storm staffing (shortage)
- tornado
- hurricane
- earthquake

The type of emergency dictates the necessary response required to ensure the safety and well-being of residents. Each emergency response would affect the feeding, hygiene, sanitation and psychological disposition of staff and residents.

In the event of disruption to normal services, the facility has four options for action:

1. Evacuation
  - Conducting a partial or complete evacuation of residents.
2. Relocation
  - Moving residents to another part of the facility, to another facility or a suitable alternative.
3. Isolation
  - Implementing procedures to operate in isolation if cut off from the community or in the event of a nuclear war.
4. Reception
  - Expanding services to receive residents from another facility or the community.

### **1.1. Evacuation**

- o Evacuation Introduction
- o Circumstances
- o Authority
- o Staff Responsibility
- o Contacting Key Staff and Outside Resources
- o Warning System
- o Method and Priority of Evacuation
- o Routes and Destination
- o Vital Records and Identification of Residents
- o Internal Traffic Control
- o External Traffic Control
- o Responsibility of Outside Resources



### 1.1. Evacuation

#### Evacuation Introduction

In preparing the evacuation details of a plan, keep in mind that the main objective is to remove some or all of the residents from one area of the facility or completely away from the facility. Saving lives is the main goal - saving records, etc. is a secondary goal. Your local fire department can assist in preparing the evacuation section/contingency for your facility.

#### Circumstances

Review the most common threats to your facility and prepare a simple list of situations in which partial or total evacuation would be necessary. Post a floor plan and diagram for each unit in the facility.

#### Authority

The authority for ordering an evacuation must be established in advance. This authority usually rests with the senior responsible person present, but the identified authority of the facility -- the senior person --may be absent without having left anyone in charge. A formal list of the hierarchy is a necessity. The telephone list should include a system by which staff are contacted in spite of unlisted numbers. Unlisted numbers should be used for emergency purposes only.

Avoid possible conflict over authority between the fire department and the senior responsible person by holding discussions with the fire department in advance. Confirm a mutually acceptable arrangement in writing.

#### Staff Responsibility

Facility staff should be aware of their emergency duties in advance and trained accordingly. Staff should be assigned to the functions suited to their training and normal duty. Responsibility should be designated by position title, not an individual's name, to ensure continuous coverage. Ongoing emergency training is necessary for all staff and should be part of the orientation program for new employees.

#### Contacting Key Staff and Outside Resources

At the time of an emergency, key staff may not be on duty. An effective communication system is needed so they can return quickly. Keep telephone lists up-to-date. Establish an alternate call-back system. Back-up systems for call-back messages could be arranged through radio or TV stations. Where necessary, runners could be employed. Whatever system is utilized, it will be effective only if the staff are aware of what is expected when they are called back.

### Warning System

The key link between outside authorities, staff and residents is the warning system for evacuation or any essential operation. A sound system with bell, siren or pre-recorded message is the usual method but deaf residents require additional alerting equipment. The warning must be understood by all in the facility, including visitors. Signs should explain the warning and all-clear systems. Ongoing emergency training on warning systems is necessary for all staff and should be part of the orientation program.

### Vital Records and Identification of Residents

Continuity of services in an emergency may depend on the safeguarding of records which would be difficult, if not impossible, to replace. Accounting, legal and technical advisers may need to be consulted as to which records require protection. The Administrator should personally identify vital records. These include special records necessary to continue operations or re-establish basic rights, i.e., records of residents, personnel files, or fiscal accounts.

If the entire file system is maintained on a portable rack, it can be wheeled out with other documents identified by the name of the facility. One staff member, designated by position title rather than by name, should be responsible for the removal of vital records. Administrative staff must keep the list of residents up-to-date and available to accompany those evacuated or moved to a shelter. A cardex system on each floor is easily transportable.

In an emergency situation, identification of residents is important. A data card fastened securely to an adult resident can provide essential information, i.e., name, social insurance number, next of kin, address and essential personal medicines such as insulin, anticoagulants, digitalis, cortisone and tranquilizers, including the prescribed dosage, time to be given, and dates. Emergency medication with essential information should be prepared and ready to move at times. One staff member, designated by position title rather than name, should be responsible for the removal of medication.

In the event of an evacuation, each person should wear or carry the following identification:

- clothing labelled with name and address;
- a wallet card with name and address, and names of relatives or close friends;
- a metal identification tag or band with the above information; and
- a photo noting on the back any identifying body marks.

Following evacuation, many residents will want their next of kin notified as soon as possible. The manner in which a facility undertakes responsibility for the safety of its records and ensuring identification of residents reflects the value it places on the social, moral and legal commitment made to residents, their families and the community.

#### Method and Priority of Evacuation

A safe and effective evacuation requires advance study of the population and the building to determine specific capabilities of the residents and problems related to the building and grounds. Does the width of hallways and doorways present a problem? In a multi-floor facility are all residents sufficiently mobile for evacuation through hallways and stairwells? Mobile residents are usually evacuated before the other residents. The type of assistance required by each resident should be established in advance in order that proper assistance is always available. This information should be included in your plan.

#### Routes and Destination

The establishment of evacuation routes to ensure that passage ways and doorways will be free of congestion is extremely important. Residents can be divided into groups with alternative routes established for each group. For partial evacuation, set aside an inside area for residents to congregate. For total evacuation, set aside an area outside. All staff and residents should be aware of these routes and destinations.

#### Internal Traffic Control

Potential bottlenecks and dangerous areas are common in most buildings. These should be controlled by assigning staff to ensure that all residents evacuate, traffic moves smoothly, and no one returns unless instructed by properly identified fire, rescue and other personnel. It is essential that all staff, regardless of position, are trained to obey fellow staff members who are clearly identified as emergency traffic control enforcers in an emergency situation.

#### External Traffic Control

Emergency situations may create external traffic control problems. Staff will be trying to get to the facility, residents may be leaving for relocation, and a curious public will want to find out or see what is happening. Traffic control staff must ensure that only authorized persons can get to or away from the facility. Parking areas, driveways and streets or roads leading to the facility must be controlled to handle the extra traffic. This is a normal policy function but it is important that "Fire Route" traffic regulations and authorized parking rules are rigidly enforced at all times so there will be clear access for emergency vehicles travelling to and from the facility.

### Responsibility of Outside Resources

In most cases, the role and line of authority of outside resources required for the emergency, fire, rescue, ambulance, police etc., will be properly defined, and while their specialized role will be easily identified, it should be covered in writing and in detail in the plan. More difficult to identify and define may be the roles of volunteer groups and very often these groups will require specialized training.

### **1.2. Relocation**

- Relocation Introduction
- Contacting Key Staff and Outside Resources
- Staff Responsibility During Emergency
- Essential Material
- Temporary Discharge
- Food Service
- Relocation Area
- Transportation



## 1.2. Relocation

### Relocation Introduction

When part or all of your building becomes or will become unsafe, relocation will be necessary. If relocation affects only one portion of the building, other parts may become the reception area. If all residents are to be relocated, an alternative facility will be necessary. Time also affects relocation. The emergency may be long term or it may be a temporary disturbance lasting less than 12 hours. If the building is totally destroyed, a need for permanent relocation arises. Carefully consider each of these circumstances when preparing your relocation plan.

### Contacting Key Staff and Outside Resources

The authority for ordering partial or total evacuation should be identified. Ordinarily, the authority rests with the senior responsible person present. Avoid possible conflict over authority between the fire department and facility staff by holding discussions with the fire department in advance. Confirm a mutually acceptable arrangement in writing.

### Staff Responsibility During Emergency

#### During Relocation

A list of staff members accompanying residents should be prepared, and other duties assigned to the remaining staff.

#### At Relocation Site

Facility staff may have different functions or may perform usual duties in a different manner at a relocation site. The changes in operations should be reviewed closely and included in the plan.

### Essential Material

#### For Transfer

A list of vital items such as records, medical supplies, food, clothing, etc., should be prepared according to priority. Establish a plan to move the materials to the new location. This example might be followed:

PRIORITY	ITEM	LOCATION	RESPONSIBILITY	TRANSPORT
1	Medical Supplies	Main Records	Clerk Office	With Patient
1	Drugs	Pharmacy	Head Nurse	Administrator

### At Reception Area

Determine the requirements for continuous operation at the relocation site. Compare the requirements with what is already available at the site and what you can supply. Arrangements should be made to compensate for the difference.

### Temporary Discharge

When relocation is necessary, relocation sites may be restrictive in the services they are able to provide and the number of persons that can be accommodated. As an alternative measure, certain residents could be temporarily discharged into the care of relatives, friends, or foster homes. These alternatives can be pre-planned by maintaining close contact with relatives and friends. A relevant clause which covers these possibilities could be included in the admission criteria. The duty official who can authorize temporary discharge must be clearly stated by position title rather than name.

### Food Service

Ideally, this responsibility should be assigned to the Director of Food Services.

### Relocation Area

#### Within the Facility

When selecting a relocation area in a large facility, also consider and pre-plan one or two alternative sites. The number of people alternative sites could accommodate should be noted. Quick reference diagrams should be prepared.

#### Outside the Facility

Internal relocation may not be possible. If you are faced with the necessity of selecting and designating outside locations for total relocation, keep in mind the needs of residents. Consider facilities that are similar to your own.

One or two alternatives should be selected and diagrams prepared indicating the proposed space. Prior arrangements must be made to ensure the alternate space will be available. The building should not already be committed for other emergency use.

### Transportation

A study should be made to determine all available suitable transportation. In most circumstances, vehicles necessary for personnel and material will not be immediately available. Your emergency plan documents can include information on pre-arrangements or agreements for the vehicles. Availability, source, pertinent circumstances, authority, and contact points should be noted. Usually the facility administration will establish only the type and number of required vehicles and the Municipal Planning Committee will ensure they are available. The facility would take over this responsibility if such a committee does not exist.



### **1.3. Isolation**

- o Isolation Introduction
- o Authority
- o Stockpile Rotation
- o Shelter
- o Staff Requirement and Role
- o Communication System



### 1.3. Isolation

#### Isolation Introduction

A survival plan would be required if the facility became isolated from the community due to nuclear war, flood, forest fires, snow storm, strike, power failure etc. In the event of nuclear war, protective shelter would also be required. Assess your geographic location in advance to establish circumstances applicable to your situation in the face of these threats.

#### Authority

Overall authority in wartime may be different than in peace time. This should be part of any discussion with the local Emergency Planning authority.

#### Stockpile Rotation

Determine the length of time normal stocks should last. Establish the maximum time supplies would last if it became necessary to ration them. Set up a rotation system for perishable items. Arrange for emergency sources of water, electrical power, heat, and alternative cooking and refrigeration facilities.

#### Shelter

Predetermine the most protective area in the building, keeping in mind that shelter from radioactive fallout may be required. Various guides on fallout shelter arrangements are available through Emergency Preparedness, Department of Public Works, Ottawa. Emergency Planning Canada Office may also offer advice.

#### Staff Requirement and Role

Minimum staff requirements must be established. Due to shift work some personnel could be absent and unable to return, so remaining staff duties would change.

Assistance of some residents may be required, but this should be pre-arranged and carefully examined.

#### Communication System

Arrangements should be made for radio back-up if the telephone system fails. Explore other alternatives.



#### **1.4. Reception**

- o Reception Introduction
- o Authority
- o Temporary Discharge and Maximum Potential
- o Role of Staff
- o Human Resources
- o Identification and Records
- o Material Requirements



## 1.4. Reception

### Reception Introduction

In the same manner your facility made outside relocation arrangements, other facilities may wish to use your building. Use of your building as a relocation site by other facilities should be based on pre-planned arrangements, although the plan should be sufficiently flexible to allow for unexpected circumstances.

### Authority

Prior to receiving staff and residents from another facility, including the other facility's director, the overall authority for operations must be clearly established. Two chief authorities cannot control the same facility.

### Temporary Discharge and Maximum Potential

Based on the occupancy rate, space and possible temporary discharge, establish the maximum number of new residents who can be received under various conditions. In determining this number, consider other subjects in this section.

### Role of Staff

In defining the structure of authority, the roles of the facility's staff, incoming staff and volunteers must be reviewed. Specify who should be doing what, and under whose supervision.

### Human Resources

Pre-planning will reveal the approximate number of available staff from within the relocation facility who are available to assist. If further professional and other personnel are required, document the need in the plan.

### Identification and Records

Proper identification will simplify operations during an increase in population of residents and staff. Staff and residents probably carry identification on an on-going basis. This can be continued during the crisis, but a similar system may have to be established for new arrivals. If records accompany new residents, they should be kept separately. The increase of residents may make it impossible to maintain detailed records, and guidelines should be established as to the minimum amount of information required for the records during an emergency.

### Material Requirements

When the number of extra residents your facility can accommodate has been established, a list of required materials should be prepared. This includes food, bedding, clothing, medical supplies, etc. If these materials are not on hand or readily available, other sources of supply should be arranged.



### **1.5. Emergency Food Service**

- o Emergency Food Service Introduction
- o Continuous Food Service
- o Menu Planning
- o Emergency Foods
- o Therapeutic and Modified Diets
- o Food and Water Priorities
- o Standard Infant Formula Preparation
- o Simplified Food Service
- o Dishes and Utensils
- o Supplies and Equipment
- o Disrupted Utilities
- o Sanitation Procedures
- o Personnel Assignments
- o Evacuation/Relocation Food Service
- o Isolation Food Service



## 1.5. Emergency Food Service

### Emergency Food Service Introduction

Emergency Food Service plans for all possible contingencies, i.e., reception, evacuation, relocation or isolation, must be developed and co-ordinated with the facility's overall emergency plan. The Food Service Director should be responsible for developing the plan for the food service department in collaboration with the facility's Emergency Planning Committee.

Emergency feeding problems could arise in a facility as a result of:

- increased numbers;
- special groups (i.e., infants, casualties etc.);
- uncertainty of limited food supplies;
- disrupted public utilities (i.e., water supply, cooking facilities etc.);
- maintenance of sanitation standards;
- scarcity of equipment; and
- scarcity of staff (which could occur in winter storm situations).

### Continuous Food Service

Establish procedures for a 24-hour operation in food service. Feeding of increased numbers may not present major problems as kitchen and dining areas are not normally used continuously. The introduction of staggered meal hours and the use of additional volunteers may make it feasible to convert the normal food service into an around-the-clock operation.

An additional snack bar for volunteers may be all that is necessary in some instances. However, during the immediate emergency period regular facilities to feed staff and residents may be unavailable, so an alternate food service location must be planned. Possibilities are an auditorium; staff quarters or dining rooms. Advance planning would require decisions concerning:

- the floor plan and layout of the temporary improvised food service including the location of the serving counter and dining area, entrances, exits and traffic flow;
- the method of transporting food to the area;
- the list of equipment, supplies and required staff; and
- the method of serving.

On choosing a site for improvised food service, use an auxiliary power source if possible. (Some areas may be serviced by an auxiliary diesel system for periods of power failure. Propane appliances may be available). Some method of heating water is necessary to make use of emergency supplies, i.e., instant beverages, soups, rice, macaroni, spaghetti, etc.

### Menu Planning

Prepare an emergency menu pattern. "Emergency Feeding" published by Health and Welfare Canada is a useful reference for menu planning under austere conditions.

### Emergency Food

Maintain appropriate foods for an emergency. Emergency foods should be chosen on the basis of their keeping qualities, ease of preparation and serving, and palatability when eaten cold. Suggestions are:

- canned meats, fish and one-dish meals;
- canned juices, fruits and vegetables;
- biscuits;
- jams and other spreads;
- processed milk (evaporated and dry);
- soup bases;
- ready-to-eat cereals;
- products such as rice, macaroni, spaghetti;
- instant pudding mixes;
- instant beverages;
- sugar; and
- other "convenience" foods normally kept in stock by the facility.

The availability of safe water must be considered when planning the use of these items.

### Therapeutic and Modified Diets

A policy concerning the minimum types of therapeutic and modified diets to be continued under austere conditions should be established in collaboration with the facility's medical staff. Containers of chopped baby foods and nutritional supplements should be kept on hand in consideration of the probable lack of equipment during an emergency.

Certain therapeutic diets such as diabetic and allergy diets would need to be closely monitored in an emergency. It would be necessary to modify the consistencies of foods for certain groups, e.g., infants, some elderly, and the developmentally handicapped who are subject to choking, etc.

#### Food and Water Priorities

If food supplies are restricted or delivery systems disrupted, establishing priority for some food items will have to be considered. The following items are most important:

- milk for infants on standard formulas and for nursing mothers;
- pre-cooked cereals for young children; and
- fluids and protein foods for casualties and those on modified diets.

#### Standard Infant Formula Preparation

Establish procedures for standard infant formula preparation. Infant feeding may have to be limited to standard formulas in some emergency situations. They are suitable for most healthy infants.

Since formula preparation requires trained workers and careful supervision, the recommendation is that staff who regularly carry out this operation continue to do so.

#### Simplified Food Service

Plan a simplified food service. Many procedures related to food service can be streamlined for efficiency and speed in an emergency. Suggestions for food service for patients and residents include the following.

- As far as possible, retain the same general type of food service as is normal, but remember that emergency situations call for food service to remain flexible. If residents who are usually waited on are mobile, cafeteria service should be considered.
- Tray service can be simplified by eliminating tray covers, using a minimum of dishes and eating utensils, or using those that are disposable.
- Use a simple identification system for modified diets.
- Plan a method of bulk or tray delivery in case of breakdown of elevators and conveyor belts. Caution must be exercised in using employees from other departments. Although they are familiar with the facility, there would be concerns about sanitation and hygiene if their services were utilized.

Suggestions for service for staff and volunteers include the following.

- If not already in operation, change to cafeteria service.
- As necessary, arrange for more than one serving line.
- Streamline the serving counter(s).
- Indicate traffic flow, soiled dish, and trash disposal areas with large signs.

#### Dishes and Utensils

A continuing inventory of disposable items sufficient for at least three or four meals is recommended. Existing supplies of dishes and eating utensils can be extended by:

- using all sizes of plates and bowls for one-dish emergency meals,
- providing only one eating utensil per meal, and
- supplementing regular washing facilities by organizing manual dishwashing areas.

#### Supplies and Equipment

Develop procedures for acquiring emergency supplies and equipment. Some suppliers will still be in existence in many peacetime emergency situations within the general area, so extra supplies can usually be obtained through normal channels. Additional equipment can often be rented, loaned or donated for a short term.

#### Disrupted Utilities

Make alternative arrangements in the event current utilities are unusable. If the kitchen is damaged but the rest of the building left intact, feeding establishments in the community such as restaurants and hotels can prepare and deliver meals. This system can also be used if the operation of utilities is disrupted in one section of a community but left intact elsewhere. Steam kettles or other large containers can be receptacles for water and food brought into the facility.

Improvised outdoor cooking may have to be organized in widespread disasters where supplies of fuel might be unavailable due to destruction or a breakdown in transportation. Simple equipment could be set up on the facility's grounds for the preparation of soups and/or hot beverages to accompany cold meals. Hot one-dish meals could be prepared if sufficient cooking units were constructed.

### Sanitation Procedures

In time of stress and confusion, the highest standards of sanitation must be established and enforced. To ensure food safety and prevent outbreaks of food-borne infections, consider:

- the availability of safe water including the establishment of procedures for treating water to make it safe for human consumption. (Staff training in the procedures may be necessary);
- safe food storage where refrigeration facilities are non-existent;
- maintenance of good personal hygiene among food workers;
- protection of food from bacterial contamination during preparation;
- provision of effective manual dishwashing facilities if mechanical methods are inoperative;
- sanitary disposal of waste if normal facilities are lacking;
- good housekeeping practices; and
- pest control.

### Personnel Assignments

Overall personnel policies would be determined by the individual facility. The following are suggestions relating to food services workers.

- Put all staff on call and cancel all days off.
- Retain staff who are on duty at the time of the emergency.
- Re-schedule staff, using regular employees who are familiar with facility procedures.
- Use volunteer help for routine jobs in order to release regular employees for more essential duties.
- Provide emergency passes for personnel.

### Evacuation/Relocation Food Service

Time may not permit any substantial salvage of food stocks if it is necessary to evacuate the facility, but plans should be made for the evacuation trip. Have these water and food supplies available:

- one quart of liquid per person (water in unbreakable containers, cans of juice and/or soft drinks);

- packaged carbohydrate foods (crackers, biscuits, hard candy);
- canned milk, formula bottles, nipples, caps (as required for infant population);
- can openers; and
- disposable cups.

Establish procedures and designate staff to maintain supplies in readiness and to assemble them for transport at the time of evacuation. Transport requirements should be coordinated with the overall transport arrangements for evacuation of the facility.

#### Isolation Food Service

If it becomes necessary for the facility to operate in isolation or survive in a national emergency, special planning for basic food services is necessary. Determine quantities of water, food and essential equipment required for the anticipated number of people for the anticipated time in isolation. Consider the following suggestions.

#### Water Supply

- Keep large, clean, covered water containers ready for filling, or keep them filled and change the water monthly.
- Plan to use water in the storage tanks and the facility's piping system.

#### Food Supply

Rotate and replace food regularly. Select canned and packaged items that:

- have good keeping qualities when unrefrigerated;
- are palatable when eaten from the can or package without further preparation or heating;
- are easily served and distributed food; and
- produce a minimum of trash volume.

#### Equipment

- Plan to use basic equipment obtainable within the facility.
- If possible, arrange for hot water heating equipment (i.e., a beverage urn, or electrical hot plates and containers).

### **1.6. Hygiene and Sanitation**

- o Hygiene and Sanitation Introduction
- o Space and Space Allocation
- o Sanitary Facilities
- o Water Requirements
- o Ventilation
- o Heating and Lighting
- o Dust Control
- o Garbage Disposal
- o Washing Facilities
- o Kitchens
- o Medical Centre



## 1.6. Hygiene and Sanitation

### Hygiene and Sanitation Introduction

Problems can arise if an emergency leads to disruption of essential services such as sewage disposal or garbage removal or the expanded use of facilities to accommodate additional numbers. Take steps to reduce the spread of communicable diseases wherever possible.

### Space and Space Allocation

The basic planning index for space allocation relates to the linear footage of total available space. Every effort should be made to maintain a distance of six feet between the beds, bunks or sleeping bags (centre to centre). Evidence shows this spacing considerably reduces the spread of respiratory infections. Every effort should be made to keep to this standard, especially where there is pressure on the use of space. An alternative may be to position beds from head to tail in order to maintain this distance.

Of lesser importance is the floor area of sleeping space. Suggested minimum spacing for adults is 40 square feet of floor area. The minimum for children is 30 square feet of floor area.

### Sanitary Facilities

The number of fixed toilets already present in most facilities would presumably become inadequate for an increased population. Provision must be made for septic tanks and emergency washing facilities. The tanks should be at least 50 feet from the building.

The suggested ratio of sanitary facilities to occupants (per 100 persons) is a minimum of two toilets per 20 persons per 100 persons. (The recommended number of toilets and wash basins for Homes for the Aged is one for every five residents). Separate facilities for both sexes, suitably screened for privacy, should be provided.

If ordinary basins are used, a minimum of one wash-basin per 10 persons should be provided. Presumably occupants will have their own soap and towels. If not, liquid soap and paper towels will be required. Occupants should keep their own cake soap. Common use of cake soap increases the risk of contagious skin diseases. In an emergency the facility should have a supply of disposable items, i.e., soap, paper towels, wash cloths, etc.

### Water Requirements

A facility's water supply for all uses (drinking, washing, food preparation), should be 10 gallons per person per day. The absolute minimum is two gallons. Under normal conditions, the average city household uses 50 gallons per person per day, e.g., a bath requires up to 30 gallons. Showers will be more effective in reducing water consumption provided the usage is controlled.

### Ventilation

Many large buildings have special means of ventilation. Six hundred cubic feet of space per person is preferable in a sleeping area but this may be reduced without danger if the ventilation is supervised. If opening windows is the only means of ventilation, constant draughts should be avoided. Fifteen to 25 cubic feet of fresh air per minute per person is recommended.

### Heating and Lighting

Most facilities have some form of heating. However, if temporary stoves are used, fire officials should be consulted on possible dangers relating to fires and carbon monoxide hazards.

In an emergency, normal lighting standards may be disregarded, but adequate lighting of stairs and passages is important to reduce risk of accidents.

### Dust Control

All floors should be swept daily with a damp sweeping compound. No dry sweeping should be allowed. Bed forms, ledges and flat surfaces should be damp dusted daily. Blankets and sleeping bags should be shaken outside once daily and rolled. Concrete floors should be scrubbed each day with warm, soapy water.

### Garbage Disposal

Garbage must be removed daily.

Establish recommended procedures to eliminate food odors and reduce the accumulation of garbage and rubbish.

Use large covered garbage containers and/or large plastic bags with ties. If a garbage can is used, line it with a plastic bag. When the bag is filled, tie it securely and remove it from the facility. If bags are not available, keep garbage cans covered at all times.

Keep liquid waste covered and move it as far from the occupied space as possible.

Open and flatten cardboard cases and use them on the floor as required for insulation.

#### Washing Facilities

After provision of shelter and food, most important is the maintenance of the highest standard of personal hygiene. In most instances there will be limited facilities for personal bathing and the washing of clothes, but good personal hygiene will reduce many minor illnesses and contagious skin diseases and will keep morale high.

Hand-washing after the use of toilets is imperative to reduce the spread of enteric infections. Simple tip-buckets may be used in dry latrines for hand-washing.

#### Kitchens

Food preparation must be closely supervised to ensure the highest standards since it is affected by the personal hygiene of the kitchen staff.

Ideally, manual dishwashing should be carried out in three containers -- one each for washing, rinsing and sterilizing. Under emergency conditions with restricted water, the use of two or even one container may be necessary. The use of disposable utensils and dishes in an emergency is preferable to using two or even one container for dish-washing.

#### Medical Centre

With an increase in resident numbers it may be necessary to establish a different routine. Daily sick calls and/or a medical centre may be required. The need for additional medical resources (doctors, drugs, etc.) should be considered. Particular attention must be given to the segregation of residents who have contagious or infectious diseases. Joint planning with local community agencies, local home care and hospitals, a health unit, etc is recommended.



### **1.7. General Concerns**

- o Providing Information to the Public
- o Dealing with Surplus Material and Human Resources



## 1.7. General Concerns

### Providing Information to the Public

Most disasters will place a demand on the facility to provide public information. The demand will come from the news media wanting full coverage of the situation, as well as family and friends inquiring about the well-being and security of residents and personnel.

A central location and a single staff person should be allocated to provide or co-ordinate such information, and the public should be made aware of the name of this person.

With proper planning, the media will usually co-operate to your advantage. A media room should be made available with telephones, tables, chairs, local telephone books, note pads, and pencils. As soon as available, all confirmed information should be passed on to the media. Ensure that details are factual and as complete as possible. Only one staff person should be authorized to release public information.

### Dealing with Surplus Material and Human Resources

Experience shows that in most disasters there is a surplus of material or zealous people or both. Not properly controlled, a surplus could add to the initial problem.

The media can assist in controlling surplus material by informing the public whether resources are required or not. Ensure that requests for aid are very specific and include a delivery point. Remember that once a request has been issued to the public, it may be difficult to stop an influx of materials and aid.

Under all circumstances, a receiving area needs to be available for material. You may receive material even if it has not been requested.

All volunteers should be directed to a central point to be interviewed and issued with ID and instructions. If their assistance is not required at the time, they should be so informed but a record may be kept establishing a pool for later use, if required.



**SECTION II**  
**THE PLANNING PROCESS**

- 2.0.      Overview**
- 2.1.      Writing the Plan**
- 2.2.      Testing the Plan**



## 2.0. Planning Process Overview

What steps must be taken to conduct an orderly and efficient evacuation or relocation of residents? How does the facility cope if it is isolated from the community? What preparation is required to receive residents from another facility?

Without advance planning, emergency situations cannot be dealt with competently. Planning will help to ensure that residents and staff are not put in jeopardy. Planning is a process involving three stages - pre-planning, writing the plan, and testing the plan. Each of these stages is detailed in this section.

### Establishing an Emergency Planning Committee

Prior to developing an emergency plan, a planning committee should be established with section or department heads as members. Once the internal emergency planning structure is set up it is imperative to consider the external planning structure. If the municipality has an Emergency Planning authority, it could represent all other outside municipal resources in the pre-planning stages. If no such authority exists, outside resources should be contacted individually to meet and determine what emergency services they could provide. These include fire, police, directors of other facilities, Red Cross, other volunteer groups, bus companies, motels/hotels, grocery stores, hospitals, etc.

### Checklist for Emergency Planning

Appendix 1, a checklist developed to assist planners in the formulation of their plans, contains questions to provide a good beginning in identifying the important points to be covered in pre-planning.



## **2.1. Writing the Plan**

- o Points for Consideration
- o Structure of the Plan
- o Distribution of the Plan
- o Establishing an Emergency Planning Committee
- o Checklist for Emergency Planning



## 2.1. Writing the Plan

### Points for Consideration

Writing the plan may be accomplished in many ways, however, the guidelines below should be followed.

- Keep it short and simple.
- The plan is simply a recast of the information and decisions made in the appreciation so it should contain no new material.
- If the plan fails to meet the requirements of all possible situations, it would be wise to do several appreciations and prepare a set of contingency plans i.e., one plan to meet each anticipated event.
- The plan is a series of directives that will tell what will be done, when it will be done, and by whom it will be done.
- The basic part of the plan should contain only those points which will remain constant. Those items which will change or require updating should be included in an appendix.

### Structure of the Plan

Appendix 2 is a sample emergency plan to be used as a guide to formalize a written plan. The format and headings are only suggestions and may be too brief or too detailed to meet individual organizational requirements, but it is important to ensure the introductory part of the plan is clear and concise with specific details in an appendix.



In summary, the components of the written plan should include:

- a) Name - to distinguish one plan from another
- b) Purpose - the aim of the plan
- c) Objectives - the objectives of the plan
- d) Glossary of Terms - definitions of technical or administrative terms used in the plan
- e) Authority - legislative or other
- f) Planning Assumptions - assumptions related to the preparation or operation of the plan
- g) Organization and Line of Authority - organization charts, responsibilities etc.
- h) Implementation of the Plan - specific details on when the plan is to be implemented and by whom
- i) Alerting Procedures - the alert organization and fan-out or recall procedures
- j) Resources - specific details relating to resources and their availability i.e., communications, vehicles, list of available materials, maps, sources of extra supplies, support agencies -police, fire, Red Cross, etc.
- k) Concept of Operations - specific details relating to the types of operations - evacuation, relocation, designated personnel to fulfill operational responsibilities, designated co-ordinator of activities
- l) Training - specific details relating to who is responsible for training, when it will be conducted, etc.
- m) Testing the Plan - an outline of who is responsible for testing the plan and how often it will be tested
- n) Reviewing and Updating - the Plan - an outline of methods for reviewing and updating the plan

#### Distribution of the Plan

The only way the plan can be effective is to ensure its contents are known to all who will be involved in its execution.



## **2.2 Testing the Plan**

- o Testing the Plan Introduction
- o Purposes of Exercises
- o Types of Exercises
- o Preparing for the Exercise (Phase I)
- o Recording the Exercise (Phase II)
- o Analysing the Exercise (Phase III)



## 2.2. Testing the Plan

### Testing the Plan Introduction

Testing the plan is an integral part of the planning process. The aim is to prepare people to react promptly and efficiently, to obtain the maximum use of material resources and to minimize the effects of emergencies on people and property. The only way to achieve this aim is to conduct practical training exercises.

### Purposes of Exercises

An exercise is nothing more than a training vehicle used to ensure that people are able to respond without delay to any emergency. All procedures should be adequately rehearsed.

Exercises are held to:

- test efficiency;
- provide training;
- try out and confirm techniques;
- check on status of personnel and material resources;
- practise inter-organization co-operation; and
- practise co-ordination with other emergency support services.

### Types of Exercises

Once smaller individual exercises have been conducted, the final phase should be a full scale exercise. A suggested sequence for exercises follows.

Telephone Exercise - This is a testing of the emergency recall or fan out system by telephone, without anyone physically responding to the designated emergency post. An individual's sole requirement is to note the telephone times -- the time the alerting call was received and the time the recipient made his/her call to continue the fan out system. On completion, all times are given to the co-ordinator to identify and to correct any problems.

Alerting Exercise Without Telephone - This tests the alternate alerting fan out system, in the event of a telephone breakdown.



Individual Exercise - This is used by individual emergency response elements to test their own procedures.

Dual Exercises - This could be used to simultaneously test response procedures of two emergency response elements.

Full Scale Exercise - This is used to test the complete plan by exercising all emergency response elements.

Regardless of the type or size of the exercise, it is essential to prepare for the exercise, to record the action, and to analyze the results. All are equally important, although analyzing the exercise determines the plan's effectiveness. These three phases are dealt with in more detail below.

#### Phase I - Preparing for the Exercise

This phase deals with the mechanics of conducting an exercise.

On deciding to hold an exercise, a planning meeting should be called with senior representatives or deputies of organizations or agencies who will be involved. Participants should have authority to commit their organization's services if and when required.

The purpose of the planning meeting is to:

- appoint an exercise director with responsibility for co-ordinating all exercise activities;
- appoint a staff person to assist the exercise director;
- decide the aim and scope of the exercise;
- select an exercise name;
- decide administrative matters, such as the date and duration of the exercise;
- decide the degree of participation for each organization; and
- decide the levels of control to be exercised.



When discussing the aim of the exercise, the planning committee must keep in mind the purpose for conducting the exercise in order to avoid a multiplicity of aims which will prevent any useful conclusions being obtained from the exercise.

When deciding on the scope of the exercise, the planning committee should take great care to ensure the exercise is not beyond the capabilities of the exercise control group (ECG), i.e., the exercise director and the staff person. This is very important since the ECG will ultimately be responsible for co-ordinating all exercise activities. Governing factors in deciding the scope of the exercise include the organization's limitations, limitations on the improvisation of realistic situations and weather conditions.

The planning meeting should be followed fairly closely by a preliminary meeting of the ECG. The meeting should cover all aspects of the exercise. It is suggested that ECG members perform the actions detailed below.

- a) Compile an exercise scenario to include:
  - the selection of an exercise name (if not previously chosen by the planning committee);
  - a sequence of events;
  - input times; and
  - designation of people to initiate input (input transmitters).
- b) Select a date and time for the ECG to survey the proposed area where the exercise will take place.
- c) Prepare exercise input with the emphasis on realism.
- d) Select directing staff and observers.
- e) Compile a standard report format for use by the exercise officials, i.e., directing staff, umpires.
- f) Select a method of exercise identification for the ECG, input transmitters, umpires and observers.



- g) Prepare a list of personnel and material resources required.
- h) Select people to prepare the accident scene by positioning casualties.
- i) Select a casualty holding area for the purpose of preparing simulated casualties and looking after the welfare of simulated casualties, i.e., heat, food, etc.
- j) Prepare a list of individuals/organizations who are not included in the exercise but are required in a supporting role and individuals who won't be participating but should be informed about the exercise.
- k) Compile a list of post-exercise details to include:
  - clean-up crews;
  - date/time of exercise debrief;
  - a list of people required to attend the debrief; and
  - a list of people required to submit post exercise reports.
- l) Prepare an exercise operation directive for dissemination to selected exercise participants/organizations.

The initial ECG meeting should be followed by as many others as are required to ensure every exercise detail has been considered. When the final exercise draft has been completed, it will be necessary to record the exercise.

#### Phase II - Recording the Exercise

Brief all the exercise officials (i.e., input transmitters, umpires, observers, supporting staff, etc.) on:

- responsibilities;
- exercise assignments;
- conduct during the exercise;
- distribution of exercise documents;



- the communications system to be used by the officials during the exercise;
- the actions to be taken if unforeseen circumstances occur during the exercise;
- the termination of the exercise, i.e., notification, signal, etc.; and
- post exercise requirements.

Conduct a complete exercise rehearsal with only the exercise officials in attendance to ensure they are familiar with the exercise scenario, their assigned duties and physical arrangements at the scene of the incident.

Attention to detail in the preparation of an exercise cannot be over-emphasized: it is paramount. The rehearsal mentioned above is pre-requisite in order to conduct a credible and effective exercise and achieve the desired results.

### Phase 3 - Analyzing the Exercise

The third phase is most crucial. Its results will indicate whether the plan has to be revised, rewritten, or if further training or exercising is required. For this phase to be valuable it is important to provide sufficient documentation in the emergency plan so that all participating personnel know what is required of them.

The following is a list of suggestions for obtaining the best results from the analysis.

- a) Designate the exercise director with responsibility for completing this phase.
- b) Write reports on the exercise, keeping in mind that report should:
  - be prepared by all parties designated in the exercise preparation phase;
  - be completed and forwarded to the exercise director within a designated time;
  - use a standard format; and
  - be prepared in a critical, constructive manner.



- c) Within a limited time following the exercise, conduct a post exercise meeting to:
  - conduct a paper walk-through of the exercise, if required;
  - discuss reports;
  - recommend administrative and other action from lessons learned; and
  - establish a date for the next exercise.
- d) Establish a documentation file to include all exercise data including:
  - correspondence on meetings;
  - exercise directives and the scenario; and
  - post exercise reports and recommendations.
- e) Prepare a final exercise report stressing the lessons learned, and distribute it to all interested parties within and outside the community.



## **APPENDIX 1**

### **Checklist for Emergency Planning in Residential Programs**



**CHECKLIST FOR EMERGENCY PLANNING IN RESIDENTIAL PROGRAMS****Emergency Plan**

YES      NO

1. Does the organization have an emergency plan? \_\_\_\_\_
2. Has an emergency planning committee been appointed for the organization? \_\_\_\_\_
3. Have appropriate portions of the organization's emergency plan been officially incorporated into the community emergency plan? \_\_\_\_\_

**General Provisions**

1. Does the plan take into account all factors that could place the facility in an emergency situation?
  - fire \_\_\_\_\_
  - flood \_\_\_\_\_
  - riots \_\_\_\_\_
  - gas leak \_\_\_\_\_
  - power outage \_\_\_\_\_
  - food poisoning \_\_\_\_\_
  - strike by staff \_\_\_\_\_
  - loss of communications \_\_\_\_\_
  - water shortage/contamination \_\_\_\_\_
  - housing of additional people \_\_\_\_\_
  - strike by outside supporting agencies \_\_\_\_\_
  - national emergency \_\_\_\_\_
  - psychotic aggressive behaviour \_\_\_\_\_
  - winter storm staffing emergency \_\_\_\_\_
  - tornado \_\_\_\_\_
  - hurricane \_\_\_\_\_
  - earthquake \_\_\_\_\_
2. Does the plan take into account required procedures for the evacuation, relocation and isolation of residents or the reception of persons from another facility? \_\_\_\_\_
3. Does the plan meet requirements imposed by its geographical location? \_\_\_\_\_

**Organization for Emergency Operations**

YES      NO

1. Does the emergency organization include lines of authority and responsibility, and indicate to whom the responsibility should pass if someone is not available?  
\_\_\_\_\_
2. Are all key personnel included in the plan?  
\_\_\_\_\_
3. Does each operating department have a specific emergency operations plan that covers each phase of these basic provisions?
  - Evacuation
  - Relocation
  - Isolation
  - Reception\_\_\_\_\_
4. Is a medical doctor designated and readily available?  
Are alternates equally available?  
\_\_\_\_\_
5. Is the plan for each department individually published, in the hands of each responsible department head, and known to all personnel of each specific department?  
\_\_\_\_\_
6. Is a description of who is responsible for key tasks available within each department?  
\_\_\_\_\_
7. Is the organization for evening, night, weekend, and holiday routines established so that the emergency plan may be activated in those times as promptly as during day shifts of the normal work week?  
\_\_\_\_\_
8. Have evening and night personnel been included in the formulation of plans for emergency operations?  
\_\_\_\_\_

YES      NO

9. Have these services been provided and responsible personnel appointed for:

- Administrative Services? \_\_\_\_\_
- Records? \_\_\_\_\_
- Information and Communications? \_\_\_\_\_
- Social Service? \_\_\_\_\_
- Food Service? \_\_\_\_\_
- Engineering and Maintenance Service? \_\_\_\_\_
- Transportation? \_\_\_\_\_
- Supply? \_\_\_\_\_
- Safeguarding Personal Effects? \_\_\_\_\_
- Housekeeping? \_\_\_\_\_

#### **Headquarters for Emergency Operations**

1. Is a designated area established for headquarters' operations? \_\_\_\_\_

#### **Alerting**

1. Does the plan provide for prompt activation of the facility to emergency status upon the occurrence of an emergency? \_\_\_\_\_
2. Is either the administrator or his/her representative on duty or immediately available by telephone at all times? \_\_\_\_\_
3. Is there an organized procedure for reporting internal emergencies? \_\_\_\_\_
4. Is there a procedure for alerting the facility switchboard? \_\_\_\_\_
5. Is it tied in with community emergency communications? \_\_\_\_\_
6. Does the facility have a radio system to substitute for the usual telephone service? \_\_\_\_\_
7. Does the switchboard maintain a roster of those to be immediately alerted in emergency circumstances? \_\_\_\_\_

YES      NO

8. Does each department have a fan-out system for contacting responsible individuals or alternates in response to an emergency? (Under this type of system, everyone has a responsibility for contacting the next person down the line.)

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### **Activation of Plan**

1. Does the plan specify that the first administrative person notified should consult with designated individuals within the emergency organization?
2. Does the plan authorize and direct a designated individual or his/her alternate to make the necessary value judgment promptly?
3. Is authority to activate any phase of the emergency program assigned to an individual who is backed by several responsible deputies or alternates?

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### **Traffic Flow and Control**

1. Will the elevators be manned and controlled?
2. Is there a traffic control chart showing resident movement to and from bed areas to the discharge areas?
3. Will all entrances and exits be controlled?
4. Will receiving docks, driveways, and entrances be kept open for traffic?

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### **Discharge Procedures**

1. Is a review program established in the plan for early and prompt review of all residents indicating the level of care required, where they could best be housed, and when they should be discharged to ambulatory care?

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2. Is there an organized discharge routine sufficiently streamlined to handle large numbers of residents on short notice? \_\_\_\_\_
3. Have provisions been made for evacuation of residents by utilizing private cars and all available transport belonging to the facility staff? \_\_\_\_\_
4. Have arrangements been made for the return of residents to their families' homes or their accommodation in other residences? \_\_\_\_\_

#### **Consolidation of Resident Areas**

1. Is there a predetermined schedule signifying the room arrangement for housing residents in emergency situations -- which wards, etc? \_\_\_\_\_
2. Are these areas schematically defined in the plan, showing bed, mattress, or cot location; avenues of travel; source of supplies and utilities? \_\_\_\_\_
3. Are specific personnel assignments established and organized for the operation of these areas? \_\_\_\_\_
4. Does each area have a pre-established complement of bedside items? \_\_\_\_\_
5. Are reserve supplies of linens, bedding, and emergency clothing included in the plan? \_\_\_\_\_
6. Is a floor plan posted in all units? \_\_\_\_\_

#### **Reallocation of Residents to Expanded Bed Areas**

1. Is there a method for delegating authority and decision-making responsibility for such transfers? \_\_\_\_\_
2. Is there a schedule delineating staff assignments to continuation care areas? \_\_\_\_\_

YES NO

3. Is there a sequence for resident transfers along pre-established routes? \_\_\_\_\_
4. Is there a "time sequence" built into the plan designating the approximate moving times, assigned personnel, and priority of residents to specific locations? \_\_\_\_\_

### **Evacuation and Survival Planning**

1. Is there a survival area? If so, how adequate are the emergency supplies and substitute utilities? What about physical safety -- accessibility of location? \_\_\_\_\_
2. Is there a pre-determined schedule for the discharge of residents and evacuation of nonambulatory residents and those requiring continuing care? \_\_\_\_\_
3. If the facility is endangered, has a plan been developed for its evacuation or the relocation of residents and staff? \_\_\_\_\_

### **Emergency and Reserve Supply Availability**

1. Are bulk, easily prepared food items available locally? \_\_\_\_\_
2. Are emergency pharmacy stocks for treatment in reserve storage? \_\_\_\_\_
3. Is there a pre-determined procedure for unlocking the storeroom and issuing critical items? \_\_\_\_\_
4. Is there a separate set of emergency keys for the stores department, pharmacy, laundry, etc? \_\_\_\_\_

YES NO

**Maintenance of Physical Plant**

1. Has the facility sufficient stand-by power to operate elevators, the communication system, and other necessary electrical appliances? \_\_\_\_\_
2. Is there a system of substitute fuel for the power plant? \_\_\_\_\_
3. Has provision been made for additional laundry services? \_\_\_\_\_
4. Has a plan for water conservation been included in the overall emergency operations plan? \_\_\_\_\_
5. Are there facilities for the storage of water? \_\_\_\_\_
6. Does the facility have an independent source of water? \_\_\_\_\_
7. Does the plan include a chlorination procedure for use in event of water contamination or conversion to a substitute source of supply? \_\_\_\_\_
8. Are additional maintenance supplies and personnel available to support expanded activities in the facility? \_\_\_\_\_

**Personnel Protection and Plant Safety**

1. Are there designated fall-out shelter areas, properly marked and stocked, in or adjacent to the facility for the protection of personnel? \_\_\_\_\_
2. Are evacuation routes diagrammed and properly designated? \_\_\_\_\_
3. In case of fire, is a fire-control system included in the plan during emergency operations within the facility? \_\_\_\_\_

YES NO

**Internal Communication Systems**

1. In the event of a complete power failure, is there an organized messenger system to substitute for telephone or other electrical systems? \_\_\_\_\_
2. Is there a messenger pool? Will it be properly supervised? \_\_\_\_\_
3. Will messengers be provided with schematic area layout maps showing key areas for emergency operations? \_\_\_\_\_
4. Are "walkie talkie" sets available for internal communications? \_\_\_\_\_

**Vertical Transportation**

1. In the absence of power will there be an alternative to elevators, i.e., canvas stretchers, blanket brigades, etc? \_\_\_\_\_
2. Are building maintenance supplies available, such as extension ladders, or block and tackle, which may be used to evacuate residents, personnel, and supplies from areas above ground level? \_\_\_\_\_

**Food Service**

1. Are facilities for mass field station type feeding of personnel and ambulatory residents included in the plan? \_\_\_\_\_
2. Are there pre-established emergency menus and food dispensing routines? \_\_\_\_\_
3. Is the auxiliary kitchen assigned sufficient staff to prepare and distribute large quantities of food? \_\_\_\_\_

YES      NO

4. Is the kitchen staff familiar with accepted chemical means of sanitizing or sterilizing eating and drinking utensils should the means of heating water be disrupted, or is there a supply source for disposable cups, plates, bowls and utensils?  
\_\_\_\_
5. Are emergency food supplies on hand?  
\_\_\_\_
6. Is there an established procedure for handling therapeutic and modified diets?  
\_\_\_\_
7. Is there a procedure for treating water to make it safe for human consumption?  
\_\_\_\_
8. Does the food service staff know how and where to requisition food during a major emergency and have delivery and financial arrangements been planned?  
\_\_\_\_
9. Are sanitation facilities properly organized for handling food, utensils, and food storage areas?  
\_\_\_\_
10. Is there planning for waste and garbage facilities?  
\_\_\_\_

#### **Sewage and Waste Disposal Control**

1. In the event of a breakdown of garbage and sewage removal systems, are sufficient substitute procedures included in the plan?  
\_\_\_\_
2. Is a substitute incinerator or a method of fill and cover for waste disposal provided?  
\_\_\_\_
3. Are insecticides and other normally available rodent and insect destroyers in reserve supply?  
\_\_\_\_

YES NO

**Records and Record Keeping**

1. Is there an emergency record and tagging system for residents? \_\_\_\_\_
2. Are the medical records and admissions departments organized to handle an increased number of residents? \_\_\_\_\_
3. Is there a system for retention and safekeeping of valuable personal items removed from residents? \_\_\_\_\_
4. Has a system been established under which the admitting area will provide status reports at stated intervals to headquarters and the public relations desk? \_\_\_\_\_

**Public Relations and Press Releases**

1. Does the plan provide for the individual responsible for the release of information to be centrally located in the emergency headquarters? \_\_\_\_\_
2. Does it set up a system to ensure he/she is supplied promptly with adequate up-to-date information and provided with specifically assigned messengers? \_\_\_\_\_
3. Is there a method to readily assemble requested information about a particular resident? \_\_\_\_\_

YES      NO

**Personnel Identification, Orientation, and Disaster Training**

1. Has each employee been supplied with an identification card that will be recognized by local community emergency services authorities? \_\_\_\_\_
2. Are all new employees instructed in emergency operations and given a copy of the plan under which they are to function? \_\_\_\_\_
3. Is general interest maintained in the plan by frequent distribution of literature and the showing of appropriate movies or slides? \_\_\_\_\_

**Volunteers**

1. Is there a plan for participation of volunteers in emergency situations? \_\_\_\_\_
2. Is there an organized program to train volunteers for their roles in emergency situations? \_\_\_\_\_
3. Is there a center in the facility to which volunteers will be referred in an emergency? \_\_\_\_\_
4. Has a plan been made for the assignment or gracious rejection of volunteers not previously associated with the facility? \_\_\_\_\_

**Community Emergency Organizations and Other Agencies**

1. Does the plan include details relating to the procurement of supplies, services, and assistance from adjoining regions? \_\_\_\_\_
2. Is the method for contact and communication with other emergency agencies included in the plan, i.e., are names, titles, code numbers, locations, etc., kept on file? \_\_\_\_\_

YES      NO

3. Does the plan provide for expansion of the facility's capacity by using nearby buildings, such as churches, schools, halls, etc.?

\_\_\_\_

4. Does the plan call for coordinating facility activities with these community organizations:

a. Emergency social services, for additional food and non-medical personnel to assist in the dietary service?

\_\_\_\_

b. Transportation authority, for additional requirements?

\_\_\_\_

c. Communications, for additional communication facilities?

\_\_\_\_

d. Utility division, for additional utilities (water, gas, and electric)?

\_\_\_\_

e. Law enforcement agency, for protection and maintenance of order?

\_\_\_\_

f. Traffic control, to direct traffic and route ambulances?

\_\_\_\_

g. Fire department, for fire prevention?

\_\_\_\_

h. Engineering, for removal of heavy debris and clearance of access routes to the facility?

\_\_\_\_

i. Supply, for procurement of supplies beyond those available in the area?

\_\_\_\_

j. Mortuary, for disposition of remains?

\_\_\_\_

5. Does the plan provide for coordination with other facilities in the event of an emergency?

\_\_\_\_

#### **Frequency of Review and Evaluation of Existing Emergency Plan**

1. Is the plan reviewed at least annually by a permanently assigned planning committee?

\_\_\_\_

2. Are test exercises or drills conducted periodically? If so, how frequently?

\_\_\_\_

3. Are critiques held after each test exercise?

\_\_\_\_

## **APPENDIX 2**

### **Sample Emergency Plan for A Special Care Facility**



**SAMPLE EMERGENCY PLAN**

The emergency plan contained in the following pages is merely an example. It does not refer to a specific special care facility. The format and/or content of the sample plan may be altered and expanded to meet the needs of your facility.

## SAMPLE EMERGENCY PLAN

### FOREWORD

January 21, 1983.

The emergency plan for this facility is issued under the authority of the administrator.

This plan is effective upon receipt, and it supersedes all other emergency plans published prior to this date -- such plans are to be returned to the assistant administrator (Emergency Planning Coordinator) for destruction.

Suggestions for additions, deletions or amendments should be forwarded to the assistant administrator for action.

Administrator  
"You-Name-It" Special Care Facility

## SAMPLE EMERGENCY PLAN

## RECORD OF AMENDMENTS

Identification of AL	Date Entered	By Whom Entered
AL No.	Date	

**NOTE:**

1. It is essential that the plan be kept current with all amendments included and recorded on this page as they are received and completed.
2. These are suggested points for those responsible for initiating amendments:
  - Use replacement pages instead of pen and ink amendments.
  - Identify each amending page at the bottom, i.e., AL1, 28 Mar 83.
  - If only a partial amendment, identify its location on the amending page with a straight line in the right hand margin opposite the change.

## SAMPLE EMERGENCY PLAN

### PREFACE

Emergencies can happen at any time and the ramifications can be very sobering and must be considered by all personnel.

An emergency situation could necessitate the evacuation of the premises, relocation of residents, survival in isolation or reception of persons from another facility. This plan is designed to deal with all of these situations and to provide total resources to alleviate the effects of any abnormal event.

It is imperative that the response to the plan is total and that all personnel are familiar with its contents and support its provisions.

## SAMPLE EMERGENCY PLAN

**DISTRIBUTION**

<u>INTERNAL</u>	<u>COPY NUMBER (S)</u>
Administrator	1
Assistant Administrator	2
Director of Nursing	3
Director of Maintenance	4
Director of Food Service	5
Emergency Co-ordinator (Assistant Administrator) working copy	6
<u>EXTERNAL</u>	
Include the name, address and copy number of persons or agencies who have been given copies of the plan, i.e.,	
Mr. Green (Provincial Co-ordinator for Special Care Facilities), Winnipeg, Manitoba	7
<u>SPARES</u>	
	8 and 9

## SAMPLE EMERGENCY PLAN

## TABLE OF CONTENTS

Subject Matter	Page
Purpose	1
Objective	1
Glossary of Terms	1
Authority	1
Planning Assumptions	2
Organization	3
Alerting Procedures	4
Resources	4
Implementation	5
Training	6
Testing the Plan	6
Reviewing and Up-Dating	7

## Appendices

- A   Glossary of Terms
- B   Letters of Agreement
- C   List of Translators
- D   Organization
- E   Responsibilities
- F   Alerting Diagram
- G   External Resources
- H   Assistant Administrator's Actions

## SAMPLE EMERGENCY PLAN, Page 1

**Purpose**

This part should state the purpose of the plan, e.g.,

"The purpose of this plan is to state the action to be followed in any emergency which may affect the facility."

**Objective**

This part should outline the overall objectives of the plan, e.g.,

"The objectives of this plan are:

- a. to ensure the safety and well-being of residents and staff are maintained in the event of:
  - an evacuation of the facility,
  - a relocation to another facility due to a prolonged evacuation, or
  - a situation demanding isolation or survival operations.
- b. to ensure that the facility is able to receive and care for those relocated from another facility."

**Glossary of Terms**

Terms, definitions and abbreviations associated with emergency activities have a tendency to change over periods of time, so they should be included as a separate appendix. Refer to Appendix A for further details.

**Authority**

In this part of the plan, the writer should include any legislative authority or directive for the facility's operation, and the operation of the plan. Suggested wording for some items that might be included is:

## SAMPLE EMERGENCY PLAN, Page 2

"The authority to implement this plan, in whole or in part, is vested in:

- a. the director of the facility; or
- b. the senior staff member on duty in the director's absence."

"At the time of an emergency, the director's authority extends to everyone, including staff, residents and visitors."

"During an emergency, the (title of staff position and alternate(s)) has the responsibility for commanding and controlling emergency operations."

All support services from outside agencies should be documented, agreed upon in writing and included in the plan as an appendix. Appendix B provides a list of some support agencies.

### **Planning Assumptions**

All assumptions, (general or specific), made in relation to the preparation or operation of the plan should be mentioned. This list offers suggested items:

"On the average, the numerical status of residents and staff is:

#### Residents

- 30 bedridden (require heavy nursing care),
- 40 feeble (require light nursing care), and
- 160 mobile

#### Staff

- 100 (7 a.m. to 6 p.m.), and
- 30 (6 p.m. to 7 a.m.)."

## SAMPLE EMERGENCY PLAN, Page 3

"During an emergency, communication with residents may present a problem as some speak neither English or French. Refer to Appendix C for a list of translators."

"The number of new residents relocated from another facility which can be accommodated is 70 for a maximum of three days and 40 thereafter."

### **Organization**

Since organizations and related data have a tendency to change, it is suggested the information in this part be included as appendices. Suggested items for inclusion are emergency organization and responsibilities of key personnel. Appendices D and E provide examples.

### **Alerting Procedures**

A system for notifying and/or recalling personnel to duty during the "quiet hours" of the facility's operation is an integral part of the emergency plan. There are numerous ways in which this can be accomplished. An example is shown in the alerting diagram in Appendix F. The alerting system may also be used to recall off-duty staff during normal hours.

### **Resources**

All material and personnel resources required during an emergency should be documented in the plan. This includes available internal and external resources.

The status of resources continually change, so it is advisable to use appendices rather than include them here. Some resources that might be included are:

#### Internal

- (a) personnel - categories and numbers
- (b) accommodation - beds and linens
- (c) communications - normal and alternate

## SAMPLE EMERGENCY PLAN, Page 5

- (d) transportation - numbers of vehicles and capacity
- (e) food stocks - average inventory before replenishment required
- (f) medical supplies - as for food stocks
- (g) clothing - type and average amount

External

- (a) accommodation - motels, schools and other similar facilities
- (b) transportation - bus companies, taxis, ambulances
- (c) medical - hospitals and drug stores
- (d) personnel - doctors and volunteer groups
- (e) clothing - clothing stores and volunteer agencies
- (f) food - grocerterias, fast food and volunteer groups

It is not sufficient to list resources only. You must include their location and name of a contact for their release or use when required. This especially holds true for external resources. Appendix G provides a sample format for listing resources.

**Implementation**

This part of the plan should provide specific details on:

- when the plan is to be implemented;
- who has the responsibility for activating the plan; and
- how to proceed, or what actions should be taken to lessen the effects during emergency situations. Specific actions by staff personnel, or functional areas should be included as appendices.

Appendix H provides an example of essential actions for implementation.

## SAMPLE EMERGENCY PLAN, Page 6

### Training

"Why didn't anybody tell us what to do?" These words, uttered over and over again, normally after an occurrence, sum up and convey a message for the need of a comprehensive training program, the basis of which should be included in the plan.

The training directive could be included either in the main body of the plan or, if too detailed, as an appendix. The training portion should include:

- the name or staff position of the program co-ordinator,
- the types of training to be conducted,
- the names or staff positions of the trainers, and
- the recipients of the training.

**Note:** For therapeutic reasons, it might be desirable to involve the residents.

### Testing the Plan

No plan is complete unless it includes pertinent details for its testing. Some items for inclusion in this part are:

- the name or staff position of the exercise co-ordinator;
- the types of exercises to be conducted; and
- the times the plan will be tested each year.

### Reviewing and Up-dating

This part of the plan should include:

- the person or persons responsible for reviewing the plan and initiating follow-up action, and
- the times of review (i.e., annually, after each exercise, etc).

## SAMPLE EMERGENCY PLAN, Appendix A

### **GLOSSARY OF TERMS**

Terms, definitions and abbreviations listed in this appendix could include:

- technical terms required to describe the available methods and resources for dealing with an emergency,
- administrative terms required to describe elements of the plan, and
- other terms associated with emergency activities.

The glossary of terms should be listed in alphabetical order.

## SAMPLE EMERGENCY PLAN, Appendix B

### LETTERS OF AGREEMENT

Written agreements in support of the emergency plan may be required from the following sources:

- community emergency planning organization;
- police;
- medical and public health services;
- transportation companies, such as bus, truck, taxi;
- volunteer groups, such as Red Cross, Salvation Army, Church groups;
- relocation centres, such as similar facilities, motels/hotels, schools;
- grocery stores;
- clothing stores;
- heating, fuel suppliers, i.e., oil, natural gas, etc.;
- municipal services, i.e., electrical, sewage, water, etc.

## SAMPLE EMERGENCY PLAN, Appendix C

## LIST OF TRANSLATORS

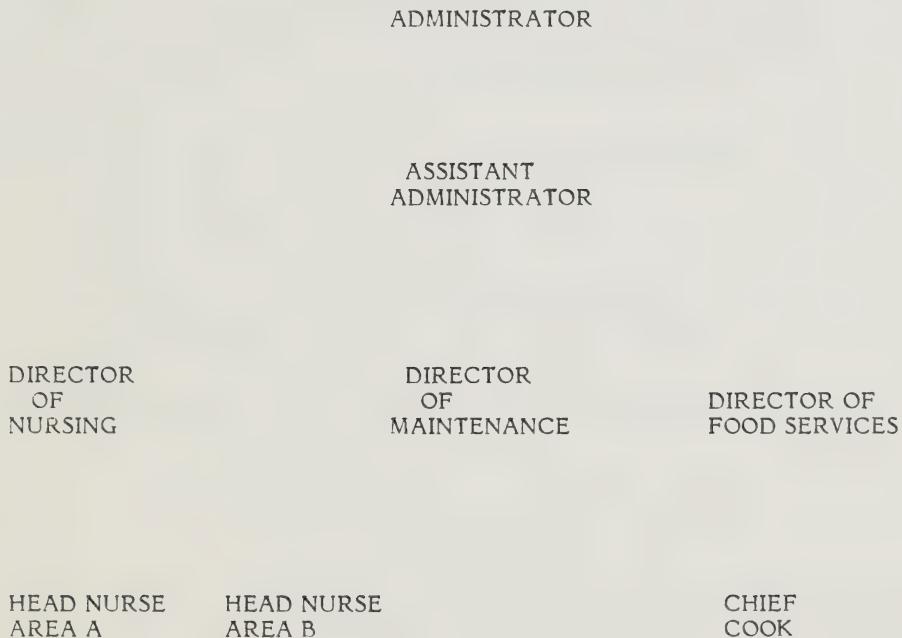
LANGUAGE	TRANSLATOR	TELEPHONE NUMBER
CREE	Daisy Nothing Bent Bow	427-1598 427-1211
CHINESE	Soo Young	427-0333
GERMAN	Fritz Krietzner	427-2177
ITALIAN	Tony Luciano F. Staffino	427-7632 427-4698
PORTRUGUESE	M. DaSilva	427-8123

## SAMPLE EMERGENCY PLAN, Appendix D

**ORGANIZATION**

The following chart provides a simple diagram of the organization and lines of authority/communication for emergency operations.

The use of staff titles rather than individual names is suggested.



**NOTE:** It is suggested that alternates are listed in each block. During an emergency, if someone is not available an alternate may be needed for continuity of operation. This provides lines of succession for command and control purposes.

## SAMPLE EMERGENCY PLAN, Appendix E

**RESPONSIBILITIES  
(not complete)**Administrator

- Activate the emergency plan and provide direction to emergency operations.
- Supervise the provision of administrative services.
- Handle all media inquiries.

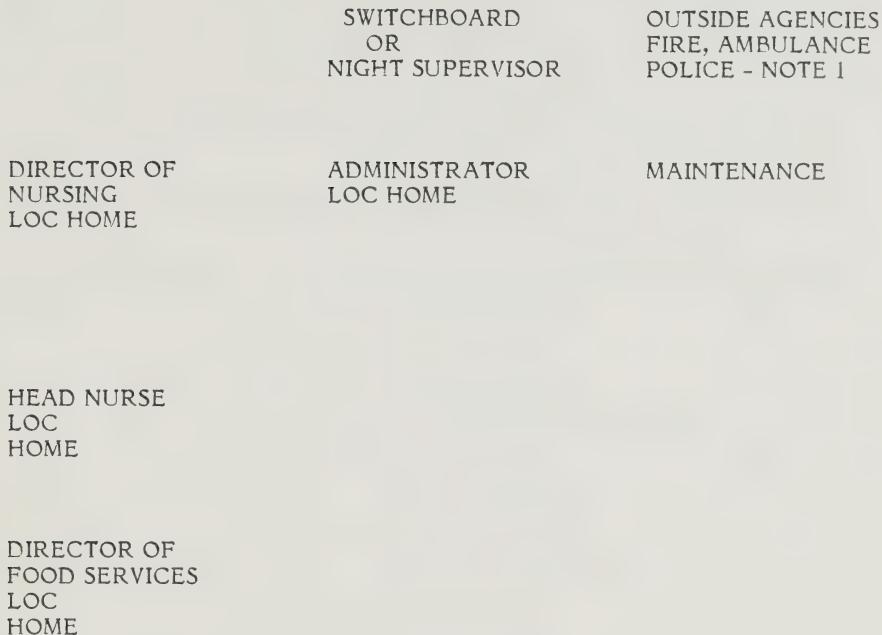
Assistant Administrator

- Control operations in the facility command centre.
- Co-ordinate the activities of all departments/functional areas during emergency operations.
- Request and co-ordinate resources from external support services.
- Assume the responsibilities of the administrator in his/her absence.

Director of Nursing

- Provide continuing care for residents.
- Evacuate residents when required.
- Prepare accommodation to receive relocated persons from another facility.
- Assume the responsibilities of the assistant administrator in his/her absence.

## SAMPLE EMERGENCY PLAN, Appendix F

**ALERTING DIAGRAM**

NOTE: 1. One phone number for outside agencies might be sufficient, e.g., the police who would call other agencies.

2. It is recommended no one person should call more than four others.

3. If the initial person is not available then the next in line is the alternate, but the alternate must be told he/she has to complete phoning the remainder of the group.

4. Cards should be prepared so that those responsible for phoning others have copies close by their business and residential phones.

## SAMPLE EMERGENCY PLAN, Appendix G

## EXTERNAL RESOURCES

RESOURCE	LOCATION	CONTACT	BUSINESS	HOME
Food	Johns Groceteria, 125 Main Street	Mr. Smith	692-1234	692-0689
	Handy Food Co., 897 Albert Street	Mrs. Green	692-7432	692-6886
Drugs	Masons Pharmacy, Fox Street Mall	Mrs. Frum	692-5976	692-9401
	Healum Drugs, 97 Jay Street	Mr. Happy	692-3749	692-8498
Transport	McNeil Bus Co., 45 Doon Road	Mr. Jones	692-5876	692-5543
	Speedy Taxi, 324 Main Street	Mrs. Drive	692-4178	692-5426
	Brown's Ambulance, 222 Henry Street	Mr. Brown	692-5555	692-5695
Personnel	Dr. Fixum, 426 Grace Street	Dr. Fixum	692-4321	692-1121
	Red Cross, 197 Albert Street	Mrs. Grady	692-9131	692-5789
	Salvation Army, 67 Scott Street	Mr. Blue	692-3767	692-3737
Accommodation	Spring Villa, 37 Neil Street	Mrs. Dyck	692-3711	692-4411
	Queens Hotel, 123 Sparks Street	Mr. Frank	692-1117	692-9994

## SAMPLE EMERGENCY PLAN, Appendix H

**ASSISTANT ADMINISTRATOR'S ACTIONS  
(not complete)**

**Staff Title:** Assistant Administrator

**Alternate:** Director of Nursing

**Personnel:**

- a. Assistant Administrator's Secretary
- b. Two records clerks from main administration office

**Location:** Command Centre in Assistant Administrator's office

**Alternate Location:** Guidance Counsellor's office in school adjacent to the facility

1. Activate the command centre.
2. Assess the situation and co-ordinate emergency operations.
3. Issue warning order and notify key personnel.
4. Prepare situation reports for the administrator.
5. Conduct current situation briefings for key personnel.
6. Request support from external sources.
7. Liaise with outside agencies.
8. Depending on the nature of the emergency, proceed with the following actions.

**Evacuation**

When the order to evacuate has been given:

- (a) Sound the alarm to evacuate the facility.
- (b) Request external support services.
- (c) Establish the alternate command centre.
- (d) Request status reports from key personnel.
- (e) Prepare for re-entry to the facility or relocation to the alternate facility.
- (f) Request reports from key personnel on termination of the emergency.
- (g) Review the emergency evacuation procedures.

## SAMPLE EMERGENCY PLAN, Appendix H (Cont'd)

Relocation

When the order to relocate has been given:

- (a) Operate from the alternate command centre.
- (b) Notify the relocation facilities.
- (c) Dispatch advance parties to the alternate facilities.
- (d) Request external support services.
- (e) Ensure the priority of transfer of residents.
- (f) Request status reports from relocation facilities.
- (g) Visit the relocation facilities to identify problem areas.
- (h) Prepare for a return to your facility.
- (i) Request reports from key personnel and support facilities on termination of the emergency.
- (j) Review emergency relocation procedures.

Survival

When isolation occurs:

- (a) Assess the situation, i.e., probable time in isolation, communication with outside agencies, etc.
- (b) Request reports from key personnel, departments, i.e., inventory of resources.
- (c) Implement rationing procedures if required, i.e., food, drugs, etc.
- (d) Prepare for a return to normal practices.
- (e) Request reports from key personnel on termination of the emergency.
- (f) Review emergency survival procedures.

## SAMPLE EMERGENCY PLAN, Appendix H (Cont'd)

Reception

When notified to accommodate relocated persons:

- (a) Ascertain the number and status of those to be housed.
- (b) Brief the key personnel.
- (c) Request reports from key personnel, i.e., space allocation, inventory of resources, etc.
- (d) If required, demand additional resources, i.e., personnel and material.
- (e) Prior to arrival of the relocated persons, confirm reception particulars, i.e., reception parties, guides, food and hot drinks, extra clothing, drugs, etc.
- (f) Prepare for the return or discharge of the relocated persons.
- (g) Request reports from key personnel on termination of the emergency operation.
- (h) Review reception procedures.





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